An Employee-Owned Company

MANAGED CARE IMPLEMENTATION UPDATE GUIDE

MANAGED CARE SUPPORT CONTRACTOR (MCSC) II INTERFACE

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D/SIDDOMS

CHCS II
COMPOSITE HEALTH CARE SYSTEM

Delivery Order 0133, Managed Care Support Contractor (MCSC) Alpha Deployment, CDRL Item 05

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MCSC II : Implementation Update Guide

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How To Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6. There is an IUG for each functionality. This IUG is applicable to the MCSC II subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

HOW TO USE THIS DOCUMENT - A description of the document and how to use it.

1.   SUMMARY OUTLINE - Brief overview of changes which can be used as a hand-out to all users.

2.   SUBSYSTEM CHECKLIST - A step by step list of pre and post install implementation activities.

3.   CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, File and Table Change and Implementation issues.

1.0   SUMMARY OUTLINE

1.1   MCSC II (MANAGED CARE SUPPORT CONTRACTOR) INTERFACE

This change allows transfer of CHCS patient information to Tricare MCSC (Managed Care Support Contractors) system(s). The interoperability of CHCS and Tricare Contractors' systems is critical to the success of patient referral activity within the network and the optimal use of available resources. The MCSC project supports this through batch file transfers of data from CHCS to the MCSC Systems permitting better management of the Tricare contracts. The new MCSC Interface scope is now referred to as the '**MCSC II**' project.

It uses File Transfer Protocol (FTP) to batch transfer patient, MCP Provider Network, Appt. Booking, other health insurance (OHI), enrollment, and MCP referral information in fixed length 'flat' record files, ASCII formatted, **unidirectionally from CHCS to the MCSC system**. The file(s) will be batch transferred by the CHCS Electronic Transfer Utility (ETU) at least once every 24 hours and more frequently if specified by the MCS Contractor. The capability to initialize the MCSC system with MCP Provider Network, patient, OHI, enrollment data from CHCS via fixed length 'flat' record files is included in this change.

NOTE
CHCS on-board development completed as part of the original MCSC (MCSC I) scope will be included in the MCSC special release, however, the MCSC HL7 Interface will not be activated in CHCS for the MCP module.

This project/interface will only be activated in Regions 1, 2 & 5.

2.0 SUBSYSTEM CHECKLIST

2.1 USER TRAINING

    A. MCP SUPERVISORS - F/T PERSONNEL   -   1 HR
    B. SYSTEMS PERSONNEL   -   1 HR

2.2 IMPLEMENTATION ISSUES

    A. Add/Update Patient, Merge Patient, Enrollment Add/ Update, MCP Referral Add/Update, and Appointment Add/Update/ Cancel Records can be created for all patients (including Active Duty, CHAMPUS Eligible, and Medicare Eligible beneficiaries).

    B. Appointment Add/Update/Cancel File can be created and transferred to the MCSC system for appointments booked via MCP or PAS functionality.

    C. The capability to record OHI information for Active Duty beneficiaries is not supported in CHCS; therefore, the OHI Add/ Update records apply only to non-active duty beneficiaries.

    D. When in **DEERS Enrollment Mode**, enrollment records will be created upon receipt of an enrollment response from DEERS with a discrepancy code of 99 (Transaction complete) indicating that the new enrollment, enrollment update, enrollment cancellation, or a disenrollment has been validated by DEERS.

When in **Local Empanelment Mode**, enrollment records for active duty and medicare eligible beneficiaries will be created upon receipt of an enrollment response from DEERS with a discrepancy code of 99 (Transaction complete) indicating that the new enrollment, enrollment update, or disenrollment has been validated by DEERS. Enrollment records for non-active duty beneficiaries will be created upon successful enrollment in CHCS without validation from DEERS (because no enrollment transactions are sent to DEERS).

    E. When an enrollment is 'renewed', the enrollment end date is extended; however, an enrollment update transaction is not sent to DEERS, therefore an enrollment response is never received by CHCS. **When an enrollment is renewed in CHCS, the system will create an enrollment record for transfer to the MCSC system independent of any DEERS transactions.**

F. When in DEERS Enrollment Mode and an enrollee PCM is changed, an enrollment update transaction is only sent to DEERS if the PCM change results in a change to the Contractor PCM Location Code from '00 (Direct Care PCM)' to '01 (Contractor PCM)' or vice versa. When an enrollee PCM is changed in CHCS that does not result in a change to the Contractor PCM Location Code, the system will create an enrollment record for transfer to the MCSC system independent of any DEERS transactions.

G. The End Enrollment Date can be defined as 'INDEFINITE' on CHCS for Active Duty enrollees. **When an Enrollment Add/Update Record is created for batch transfer to the MCSC system, this value will be translated to 1 Jan 2100.**

H. CHCS will determine whether the MCP provider is either a 'MTF' or 'Non-MTF' provider based on the location type of the provider's Primary Location (as defined in the Provider File, #6). If the Provider's primary location is defined as anything other than MCP NON-MTF then the provider will be considered a 'Direct Care Provider'. If the location type of the provider's primary location is MCP NON-MTF then the provider will be considered a 'Non-MTF' provider and part of the external network. This will be indicated in the 'MTF Provider' data element in the MCP Provider Add/Update Record with a 'Y' for MTF Provider or an 'N' for Non-MTF provider.

I. The records created for batch file transfer will be in ASCII file format and will have fixed length fields. The 'pad' character will be the 'space' character (ASCII code 32). Text fields will be left-justified, numeric fields will be right justified.

J. The MCP Provider Agreement in a Group Add/Update Record will only be triggered when an agreement exception for an individual PCM is entered for a provider e.g. when a particular provider is a non-participant or period of agreement is different than the agreement for the entire group.

2.3   INTEGRATION ISSUES

A. The site and the Tricare contractor will have to decide which files to initialize and then transfer.

2.4 FILE AND TABLE CHANGES

A. MCSC Parameters should be completed if the Interface is to be activated.   Time: 5 mins.

B. MCSC files should be intialized for data that will be triggered.   Time: May be several hours.

2.5 SECURITY KEYS

Key = "CPZ MCSC" -- gives access to MCSC Managed Card Support Contractor Interface Menu.

PAS --> M --> FMCP --> FTAB --> MCSC

3.0   CHANGES AND ENHANCEMENTS

3.1   MCSC II (MANAGED CARE SUPPORT CONTRACTOR) INTERFACE

3.1.1 OVERVIEW

This change allows transfer of CHCS patient information to Tricare
MCSC (Managed Care Support Contractors) system(s).   The
interoperability of CHCS and Tricare Contractors' systems is
critical to the success of patient referral activity within the
network and the optimal use of available resources. The MCSC
project supports this through batch file transfers of data from
CHCS to the MCSC Systems permitting better management of the
Tricare contracts. The new MCSC Interface scope is now referred to
as the '**MCSC II**' project.

It uses File Transfer Protocol (FTP) to batch transfer patient,
other health insurance (OHI), enrollment, and MCP Provider Network,
Appointment Booking, in fixed length 'flat' record files, ASCII
formatted, **unidirectionally from CHCS to the MCSC system**. The
file(s) will be batch transferred by the CHCS Electronic Transfer
Utility (ETU) at least once every 24 hours and more frequently if
specified by the MCS Contractor. The capability to initialize the
MCSC system with MCP Provider Network, patient, OHI, enrollment
data from CHCS via fixed length 'flat' record files is included in
this change.

NOTE
**CHCS on-board development completed as part of the original MCSC
(MCSC I) scope will be included in the MCSC special release,
however, the MCSC HL7 Interface will not be activated in CHCS for
the MCP module.**

3.1.2 DETAIL OF CHANGE

3.1.2.1 TECHNICAL CONSIDERATIONS

   A. The government will provide LAN (Local Area Network) or WAN
   (Wide Area Network) connections that support TCP/IP and FTP
   (File Transfer Protocol) between CHCS sites and the MCSC
   system within each region.

B. The MCSC ASCII File Interface will be installed on CHCS systems as inactive and may be activated at any time.

C. The DOD and CHCS Standard file transfer will be a one-time initialization only and should not be repeated after subsequent updates to DOD standard files. The MCS Contractor(s) is responsible for obtaining subsequent standard data updates for their system from the government to maintain synchronization.

D. Any CHCS site initializing the MCSC system with DOD and CHCS standard files should load all special release data updates currently approved for operational deployment prior to initiating the standard file transfer. This assumption will be elaborated in the installation instructions.

E. Due to the potential volume, CHCS will not provide initialization capability to transmit MCP referral and appointment data to the MCSC system. MCP Referral and appointment data records will be created and transferred as additions and updates occur after the activation of the interface.

F. The MCSC system does not support a structured database, therefore initialization files may be created, transferred, and received in any order. The MCSC system will support batch file transfers from one or more CHCS systems.

G. The CHCS ETU will 'push' files by batch transferring without solicitation from the MCSC system.

H. The MCSC ASCII File Interface will be compatible with CHCS ETU V4.1 or higher.

I. The Other Health Insurance (OHI) interface batch file transfers will reflect CHCS site specific insurance information and will not reflect standard insurance data until the Standard Insurance Table (SIT) Phase II project is developed and implemented as part of the New DEERS (E2R2) project.

J. CHCS will initialize the MCSC system patient and OHI data from CHCS for those beneficiaries with medical activity on CHCS within the last two years from the time of initialization.

K. The MCS Contractor for each region in conjunction with the CHCS Program Office will determine which files (by functional

area) will be transferred (e.g. provider network, appointment, etc.).

L. CHCS will be utilized for entry of enrollments which will be batch transferred to the MCSC system to meet their data requirements. CHCS platforms transferring enrollment data will operate in DEERS Enrollment or Local Empanelment Mode. When in Local Empanelment Mode, non-active duty enrollments will be batch transferred based on a successful enrollment in CHCS without validation from DEERS (because no transactions are sent to DEERS).

*Note: The recommended enrollment mode if activating this interface is the DEERS Enrollment mode.

3.1.2.2 MCSC ASCII File Interface.

CHCS will support a unidirectional interface with a MCSC by batch transferring fixed length records in multiple files.

This change depends on the existing CHCS/DEERS interface to determine/validate new enrollments, enrollment updates, and disenrollments on DEERs for creation and batch transfer of enrollment records to the MCSC system.

The interface between CHCS and a Managed Care Support Contractor (MCSC) System may be configured to transfer managed care data, in ASCII file format, from CHCS to the affiliated MCSC using File Transfer Protocol (FTP). When the MCSC ASCII File Interface is activated on CHCS, managed care activities performed using existing CHCS functionality will generate data records, transparent to the user, for batch file transfer to the affiliated MCSC system at least every 24 hours, [according to an approved] schedule defined by the site CHCS Project Office.

MCSC records are categorized into six groups, according to the functional data they contain. Sites may elect to create files for one or more of these functional areas. For each functional area designated by the site, CHCS will generate files corresponding to the data record type.

Functional Area	Data Record Type
Patient Data	Patient Add/Update
	Patient Merge

OHI Data   Other Health Insurance (OHI)
                                       Add/Update
                                  Insurance Company Add/Update

Enrollment Data   Enrollment Add/Update

MCP Referral Data   MCP Referral Add/Update

Provider Network Data   MCP Group Add/Update
                                  MCP Provider Add/Update
                                  MCP Place of Care Add/Update
                                  MCP Group Agreement Add/Update
                                  MCP   Group   Place   of   Care
                                    Add/Update
                                  MCP Group Provider Add/Update
                                  MCP   Group   Provider   Agreement
                                    Add/Update
                                  MCP Group Provider Place of Care
                                    Add/Update

Appointment Data   Appointment Add/Update/Cancel

3.1.2.3 MCSC ASCII File Interface Parameters.

OVERVIEW

Systems personnel or authorized MCP Supervisors and other users who
have the appropriate security keys, menu option access and FileMan
access codes may set site-specific parameters which govern the
activation of the MCSC ASCII File Interface, the generation of MCSC
files by functional area, and schedule for batch file transfer via
existing Electronic Transfer Utility (ETU).

A new menu option, '**MCSP MCSC Interface Parameters Enter/Edit**'
allows users to activate/inactivate the entire file interface, and
specify the creation of records by functional area.

**Access to the MCSC parameters option will be restricted to those
users holding the CPZ MCSC -- this key locks the whole MCSC
Interface Menu option, CPZ FILE, CPZ MCSC, and CPZ PARAMETERS
security keys.**

PROCESS

The capability to specify the creation of records will be by the
functional areas listed below. Record types will be grouped by
functional area based upon interdependency of data between them.

For example, all 8 Provider Network records types contain interdependent data in support of the MCP Provider Network in CHCS. Grouping them as a single functional area ensures that the MCSC system receives all essential data related to the MCP Provider Network. These are the areas that are controlled by the MCSC Interface Parameters.

The specific records that will be created for each functional area are listed as follows:

A. Patient Data
* Patient Add/Update Record
* Patient Merge Record

B. Other Health Insurance Data
* OHI Add/Update Record
* Insurance Company Add/Update Record

C. Enrollment Data
* Enrollment Add/Update Record

D. MCP Referral Data
* MCP Referral Add/Update Record

E. Provider Network Data
* MCP Group Add/Update Record
* MCP Provider Add/Update Record
* MCP Place of Care Add/Update Record
* MCP Group Agreement Add/Update Record
* MCP Group Place of Care Add/Update Record
* MCP Group Provider Add/Update Record
* MCP Provider Agreement in a Group Add/Update Record
* MCP Provider Place of Care in a Group Add/Update Record

F. Appointment Data
* Appointment Add/Update/Cancel Record

ENTER/EDIT INTERFACE PARAMETERS

The following sequence of operations enables the user to enter and modify MCSC File Interface Parameters:

A. Menu Path:

CA->PAS->Managed Care->FMCP->FTAB->MCSC(Managed Care Support Contractor Interface Menu)->MCSP(MCSC Interface Parameters Enter/Edit)

B. Upon entering the MCSP menu, the system will display the MCSC Interface Parameters screen (Refer to Screen #1).

Sample Screen #1 - MCSC INTERFACE PARAMETERS

```
                    MCSC Interface Parameters

                MCSC File Interface Status: INACTIVE

               Create Patient Data Records: YES
                   Create OHI Data Records: YES
            Create Enrollment Data Records: YES
           Create MCP Referral Data Records: YES
       Create Provider Network Data Records: YES
              Create Appointment Data Records: YES

  Create data records when events are triggered: NO


 Ask for Help = HELP    Screen Exit = F10    File/Exit = DO
```

C. On installation the Interface status will be 'INACTIVE' and must be changed to activate the overall file interface. The MCSC File Interface Status may be set as either 'ACTIVE' or 'INACTIVE'.

D. After activating the MCSC File Interface, you may define by functional area each of the record types CHCS should create by entering 'YES' in specified 'Create Data File Record:' fields (Refer to Screen #1). The MCS Contractor for each region in conjunction with the CHCS Program Office will determine which records (by functional area) will be transferred.

E. The last field on screen #1 'Create data records when events are triggered', determines whether or not triggered events should be held in the Event Queue or processed to create data records.

    1. Answer 'NO' to capture triggered events in the Event Queue but not create data records.

    2. Answer 'YES' to capture triggered events in the Event Queue and to create the appropriate data records for transfer to the MCSC system.

This parameter should be set to 'NO' during the initialization phase and set to 'YES' after the initialization records have been created and successfully transfered to MCSC.

3.1.2.4 MCSC Data Initialization.

Functional Overview

The 'MCSC Initialization' option will allow users to create records for DOD and CHCS standard files and the entire MCP Provider Network. Additionally they may create patient, OHI records as applicable for patients with medical activity within the last two years. The records will be created and placed in appropriate files for transfer to the MCSC system via the ETU.

Enrollment Records sent for statuses of: Enrolled, Pending Enrollment, and Invalid Disenroll. Systems personnel and authorized MCP users who have the appropriate security keys (CPZ CCP, CPZ MCSC, CPZ FILE) and FileMan access codes may generate initialization files for the MCSC system. The initialization will be tasked for 21:00. The files will contain historical records from existing entries stored in CHCS files. After the initialization files have been created, the system administrator can transfer the files to the MCSC system via ETU.

Prerequisite
Initialization files must be transferred to the MCSC system to process the MCSC files generated by CHCS when the MCSC ASCII File Interface is active.

Process Narrative

CHCS will create records for the predetermined data as applicable when the user requests the MCSC standard, Provider Network, patient, OHI, and or enrollment initial file transfer.

When the user requests DOD and CHCS standard files, records will be created for active entries within the following files:

    * DOD and CHCS standard files

        DEERS Sponsor Status
        DMIS ID Codes
        ICD Diagnosis
        Language Identity
        Marital Status
        MCP Agreement Type

Military Grade Rank
Patient Category
Provider Specialty
Race
Relationship

A new bulletin (CP MCSC INITIALIZATION) will notify the user and members of the appropriate MCP Supervisory mail group that all file records have been created (refer to screen #8). Interested personnel should add the appropriate mailgroup to this bulletin.

The following Provider Network data records will be created for file transfer when the user requests Provider Network files:

MCP Group Add/Update Record
MCP Provider Add/Update Record
MCP Place of Care Add/Update Record
MCP Group Agreement Add/Update Record
MCP Group Place of Care Add/Update Record
MCP Group Provider Add/Update Record
MCP Provider Agreement in a Group Add/Update Record
MCP Provider Place of Care in a Group Add/Update Record

CHCS will notify the user that all Provider Network records have been created via a mail bulletin when completed.

When the user requests patient files, the system will check each patient for medical activity within the last two years and the following patient, OHI, and enrollment data records will be created:

Patient Add/Update Record
OHI Add/Update Record
Statuses of Enrolled, Pending Enrollment, and Invalid
    Disenrollment
Insurance Company Add/Update Record

CHCS will notify the user that all patient, OHI, and enrollment records have been created via a mail bulletin when completed.

After CHCS creates each record, they will be added to the appropriate file (i.e. insurance company records will be placed in an insurance company file). The files will be stored in the CHCS export directory.

*NOTE: Must activate interface prior to Initialization!

The ETU will be tasked to retrieve all files created as part of the initialization and transfer them to the MCSC system. For details regarding ETU capabilities and operations please refer to the Electronic Transfer Utility (ETU) PR&DD (Project Number 090810).

Detailed Workflow

The following sequence of operations enables the user to create records for transfer to initialize the MCSC system:

    Menu Path:
    CA >PAS >Managed Care >FMCP >FTAB >MCSC (Managed Care Support Contractor Interface Menu) >MCSI (Initialize MCSC System)

Access the MCSI menu option. CHCS displays the Initialize MCSC System screen and the user may select from the action bar **'Create DOD/CHCS (S)tandard File, Provider (N)etwork, (P)atient, (A)ll Records or (Q)uit:'** (Refer to Screen #2).

Sample Screen #2
▬▬

Initialize MCSC System

Create DOD/CHCS (S)tandard File, Provider (N)etwork, (P)atient, (A)ll Records, or (Q)uit

▬▬

    A. "**(S)tandard File**" selected: CHCS displays a message in the middle window indicating that ASCII records will be created and must be transferred (refer to screen #2). The message also indicates that this will require extended processing time, will begin running at 2100 hours, and a bulletin will be sent to the user when the creation of records is complete.

The bottom window will prompt the user to continue (Refer to Screen #3).

Sample Screen #3

Initialize MCSC System

This action will create ASCII records containing DOD and CHCS standard file data for transfer to the MCSC system. ASCII records will also be created containing site definable Insurance Co file data for transfer to the MCSC system. Records created must be transferred using the Electronic Transfer Utility (ETU). Contact your system administrator to task the ETU. The creation and transfer of file data should occur only once and must be coordinated with the MCS Contractor before continuing.

This action will require extended processing time and is scheduled to begin running at 2100 hours. You will receive a mail bulletin when the creation of records is complete.

Press <RETURN> to continue or '^' to stop

---

1. The next screen will then displays the files from which records will be created in the middle window. The bottom window displays a message indicating that records will be created for the files listed for transfer to the MCSC system. The user may use the <Next Screen> and <previous Screen> keys to view the entire list and press <Return> to continue (Refer to Screen #4).

Sample Screen #4

```
 Initialize MCSC System

---------------------------------------------------------------
  File Name                    File #

---------------------------------------------------------------
   DEERS Sponsor Status         8907.5
   DMIS ID Codes                8103
   ICD Diagnosis                80
   Language Identity            8146
   Marital Status               11
   MCP Agreement Type           8573
   Military Grade Rank          8104
   Patient Category             8156
   Provider Specialty           8100
   Race                         10

---------------------------------------------------------------
ASCII records will be created for the data in the files listed
above.
Press <Next Screen> to move down in list to view files.
Press <Previous Screen> to move up in list to view files.
Ok to create these ASCII records? No//
```

2. After pressing return, the user will receive the following prompt:

"OK to create these ASCII records? No// "

The system will return to the 'Initialize MCSC System' and the main action bar after the user answers the prompt (Refer to Screen #2).

B. Provider (N)etwork selected. (Refer to Screen #2) CHCS displays a message in the middle window indicating that ASCII records containing MCP Provider Network data will be created must be transferred to the MCSC system using the Electronic Transfer Utility (ETU) (see screen #4). A bulletin will be sent to the user when the creation of records is complete.

The bottom window will prompt the user to continue (Refer to Screen #5).

Sample Screen #5
<hr>

Initialize MCSC System

This action will create ASCII records containing MCP provider network data for transfer to the MCSC system. Records created must be transferred using the Electronic Transfer Utility (ETU). Contact your system administrator to task the ETU. The creation and transfer of MCP Provider Network data should occur only once and must be coordinated with the MCS Contractor before continuing.

This action will require extended processing time and is scheduled to begin running at 2100 hours. You will receive a mail bulletin when the creation of records is complete.

 Press <RETURN> to continue, or '^' to stop

1. If the user continues the screen will display the record types for which records will be created in the middle window. The bottom window will display a message indicating that MCP Provider Network records for record types listed will be created for transfer to the MCSC system. The user may press <Return> to continue (Refer to Screen #6).

Sample Screen #6
▓▓

Initialize MCSC System

```
------------------------------------------------------------------
 Provider Network ASCII Record Types

------------------------------------------------------------------
   MCP Group Add/Update Record
   MCP Provider Add/Update Record
   MCP Place of Care Add/Update Record
   MCP Group Agreement Add/Update Record
   MCP Group Place of Care Add/Update Record
   MCP Group Provider Add/Update Record
   MCP Provider Agreement in a Group Add/Update Record
   MCP Provider Place of Care in a Group Add/Update Record
------------------------------------------------------------------
 Ok to create these ASCII records? No//
```

▓▓

2. After pressing return, the user will receive the following prompt:

"OK to create these ASCII records? No//"

The system will return to the 'Initialize MCSC System' and the main action bar after the user answers the prompt (Refer to Screen #2).

C. "**(P)atient**" selected. (Refer to Screen #2) CHCS displays a message in the middle window indicating that ASCII records containing patient data will be created and must be transfered to the MCSC system using the Electronic Transfer Utility (ETU). A bulletin will be sent to the user when the creation of records is complete.

The bottom window will prompt the user to continue (Refer to Screen #7).

Sample Screen #7

Initialize MCSC System

This action will create ASCII records containing patient/OHI/
enrollment data for transfer to the MCSC system. Records created
must be transferred using the Electronic Transfer Utility (ETU).
Contact your system administrator to task the ETU. The creation
and transfer of patient/OHI/enrollment data should occur only once
and must be coordinated with the MCS Contractor before continuing.

This action will require extended processing time and is scheduled
to begin running at 2100 hours. You will receive a mail bulletin
when the creation of records is complete.

 Press <RETURN> to continue, or '^' to stop

1. If the user continues the screen will display the
record types for which records will be created in the
middle window. The bottom window displays a message
indicating that the record types listed will be created
for transfer to the MCSC system. The user may press
<Return> to continue (Refer to Screen #8).

Sample Screen #8

Initialize MCSC System

 Patient/OHI/Enrollment Record Types

   Patient Add/Update Record
   OHI Add/Update Record
   Enrollment Add/Update Record
   Insurance Company Add/Update Record

 Ok to create these ASCII records? No//

> **2**. After pressing return, the user will receive the following prompt:
>
> "OK to create these ASCII records? No//"
>
> The system will return to the 'Initialize MCSC System' and the main action bar after the user answers the prompt (Refer to Screen #2).
>
> The user performing the above actions will receive a mail bulletin when the job is complete and ready for transfer to the MCSC system via the ETU.

D. A separate bulletin will be sent to the user for each initialization (i.e. DOD and CHCS standard files, Provider Network, patient/OHI/enrollment). If all records are created at once, then one bulletin will be sent to the user when the 'create' job is complete. The first sentence of the bulletin will reflect which record types were created (Refer to Screen #9).

Sample Screen #9

Subj: MCP INITIALIZE MCSC SYSTEM Sun, 15 Jun 1997 05:22:58 10 Lines
From: SMITH,JOHN E in 'IN' basket. **NEW**
,,,,,,,,,,,,,,,,,,,,,Expires: 19 Jun 1997,,,,,,,,,,,,,,,,,,,,,,,
Initial ASCII Records Created for MCSC System Bulletin

> DOD and CHCS standard file data ASCII records have been created for transfer to initialize the MCSC system.
>
> These records must be transferred to the MCSC system via the Electronic Transfer Utility.   Contact your system administrator to task the ETU.

The creation and transfer of ASCII records to initialize the MCSC system should only occur once and must be coordinated with the MCS Contractor before continuing.

Select MESSAGE Action: IGNORE (in IN basket)//

Business Rules

A. One CHCS platform within a region will be designated the originating site for the standard file transfer. The transfer of standard files need not be repeated for each CHCS within a region.

B. CHCS will create for transfer only 'DBA active' file entries for Group 1 files. All entries will be created for transfer for other files (i.e. Insurance Co, Professional Category, Religion files).

C. Provider Network groups, places of care, providers and agreements may be inactivated within various levels of the CHCS MCP Provider Network functionality. All entries in the MCP Provider Network will be created for transfer. Entries that are functionally inactive within the various levels of the MCP Provider Network will be included because they may be re-activated some time in the future. For details regarding inactivation's within the MCP Provider Network, refer to the Provider Place of Care Inactivation change.

D. The Patient Category Code (4 characters) will be the subcategory code concatenated to the 3 character Patient Category Code. Note that not every Patient Category Code has a subcategory code. In such cases, the data driver will send only the 3 character Patient Category Code.

E. The CHCS Insurance Co file is a site definable file in CHCS; entries will vary between CHCS systems. Records will be created and transferred to the MCSC system as part of the initialization process when patient, OHI, and enrollment records are created for transfer.

F. When creating the initial patient and OHI records, the system will create records for those patients with medical activity within the last two years from the time of the initialization. To determine medical activity CHCS will check

for appointments, appointment referrals, wait list requests, admissions, and clinical, nursing, laboratory, pharmacy, or radiology orders. If any such activity has occurred for a patient then Patient Add/Update and OHI Add/Update records will be created as applicable.

G. OHI Add/Update records will be created for non-active duty patients with medical activity within the last two years that have OHI data associated with them in CHCS.

H. Enrollment Add/Update records will be created for all patients that have a current MCP status of Enrolled, Pending Enrolled, or Invalid Disenrollment indicating that they are considered to be enrolled on DEERS.

3.1.2.5 MCSC ASCII File Creation

Functional Overview

CHCS provides the capability to create and batch transfer fixed length ASCII records using File Transfer Protocol (FTP) at least once every 24 hours to the MCSC system via the use of CHCS ETU.

Through the normal use of the CHCS system, additions and updates to patient, OHI, referral, provider network, and appointment data will occur. The triggers to create related records will detect additions and updates to active data elements within each record specification. When in DEERS Enrollment mode, enrollment records will be created upon receipt of an enrollment response from DEERS indicating that the new enrollment, enrollment update, enrollment cancel or disenrollment is valid. When in Local Empanelment mode, non-active duty enrollment records will be created upon a succesful enrollment on CHCS without validation from DEERS.

Process Narrative

Normal business operations on CHCS will trigger the creation of fixed length records in ASCII format for batch transfer to meet the MCSC system data requirements.

DEERS Enrollment Mode:
Enrollment records will be be created upon receipt of an enrollment response from DEERS indicating that the new enrollment, enrollment update, or disenrollment is valid (discrepancy code 99). Enrollment records will be created without validation from DEERS when an enrollment record is renewed and when the enrollee PCM is changed but the Contractor PCM Location Code remains the same.

Local Empanelment Mode:
Enrollment records for active duty and medicare eligible beneficiaries will be created upon receipt of an enrollment response from DEERS with a discrepancy code of 99 (Transaction complete) indicating that the new enrollment, enrollment update, or disenrollment has been validated by DEERS. Enrollment records for non-active duty beneficiaries will be created upon successful enrollment in CHCS without validation from DEERS (because no enrollment transactions are sent to DEERS).

To support the MCS Contractor in determining what type of enrollment transaction has taken place (ie. new enrollment, enrollment update, disenrollment, etc.), an 'Event Type' data element will be included in an Enrollment Add/Update record. The Event Type data element will contain up to a two-character code, the table of values for the codes is listed below:

    CE = Conditional Enrollment
    EC = Enrollment Cancellation
    EU = Enrollment Update
    D = Disenrollment
    DC = Disenrollment Cancellation
    DU = Disenrollment Update
    NE = New Enrollment
    RD = Reciprocal Disenrollment/Enrollment
    MI = Mass Initialization

Refer to section 3.1.2.4 MCSC Data Initialization (Detailed Workflow section) for menu paths, options and processes in which a user may add or update data to trigger the creation of records.

The specific records that will be created for each functional area are listed as follows:

    1. Patient Data
        * Patient Add/Update Record
        * Patient Merge Record

    2. Other Health Insurance Data
        * OHI Add/Update Record
        * Insurance Company Add/Update Record

    3. Enrollment Data
        * Enrollment Add/Update Record

    4. MCP Referral Data
        * MCP Referral Add/Update Record

5. Provider Network Data
    *   MCP Group Add/Update Record
    *   MCP Provider Add/Update Record
    *   MCP Place of Care Add/Update Record
    *   MCP Group Agreement Add/Update Record
    *   MCP Group Place of Care Add/Update Record
    *   MCP Group Provider Add/Update Record
    *   MCP Provider Agreement in a Group Add/Update Record
    *   MCP Provider Place of Care in a Group Add/Update Record

6. Appointment Data
    *   Appointment Add/Update/Cancel Record

When an event occurs on CHCS that triggers the creation of a record, the system will record the event in a queue file. Due to the potentially large number of events requiring the creation of a record and in order to minimize performance impact, the events will be recorded in a queue file for processing rather than creating a record immediately.

To ensure that records are created in a timely manner, a continuous background job will process the events recorded in the queue and create the appropriate record. The events will be processed in 'first-in-first out (FIFO)' order. To support the FIFO processing for the MCSC system, the date/time in which the event occurred (causing the trigger of event to the queue) will be included in each record when it is created.

Once the record has been created, the associated event will be removed from the queue. If there are no entries in the queue, the background job will hibernate for 10 minutes, after which time it will reactivate and check the queue for entries to process, if none are found or when all events have been processed, it will again hibernate.

After the record is created, CHCS will immediately place it into an appropriate file in ASCII format designated for the MCSC system. Records will be added to appropriate files associated with the particular record types. For example, OHI Add/Update records will be stored in OHI Add/Update files and Enrollment Add/Update records will be stored in Enrollment Add/Update files.

The number of records in each file will vary based on record size to achieve approximately the same file size. Each file will store up to approximately 1 MB of data after which time the file will be closed and a new file will be created. The total number of records

in each file will be contained in the header of the file. The files will be stored in the CHCS export directory.

Files in the CHCS export directory will then be available for batch transfer via the CHCS ETU.

The ETU will be scheduled to retrieve the MCSC designated files and transmit them to the external MCSC system as a batch job at least once every 24 hours. It should also be noted that if specified by the MCS Contractors, the ETU may be tasked to retrieve and batch transfer the files more frequently up to a maximum of once per hour.

When the ETU task to retrieve the files is initiated, the system will close all open files and include them in the batch transfer. New files will be opened to capture new records as they are created. This process will ensure that the MCSC system receives all records that have been created up to the time of the batch transfer.

 The MCSC file name specification is as follows:

```
    MCP   XXXXXXXXXXXX   MMDDYYYYNNNNN   SSS   .DAT   -GZ    -DES
     1     2                 3            4     5      6      7
```

Where:
1. MCP = 'MCP' required identifying file prefix (in MCP namespace),
2. XXXXXXXXX = Functional Indicator, indicates file content,
3. MMDDYYYYNNNNN = Timestamp of Creation, where MM is month, DD is day of the month, YYYY is the year, and NNNNN is the number of elapsed seconds since midnight,
4. SSS = The first three letters of the Computer Node of the Host Platform the files originated from.
5. .DAT = 'DAT' required file extension.
6. -GZ = Indicates the file has been compressed with GZIP.
7. -DES = Indicates the files have been encrypted using DES.

For details regarding ETU capabilities and operation, please refer to Electronic Transfer Utility (ETU) PR&DD (Project Number 090810).

Detailed Workflow

There are no changes to current CHCS application functionality in support of the MCSC interface. Users will trigger the creation of records when performing regular functions on CHCS.

CHCS will create the following records for batch transfer to the MCSC system.

A. Patient Data Records

To support patient data requirements for the MCSC system, CHCS will create fixed length records for newly added patients, when patient information is updated, and when a duplicate patient is merged to the correct patient record.

1. Create a Patient Add/Update Record:

Menu Paths: This record may be triggered from any menu path in CHCS through which a patient registration may be added or updated. It should be noted that the user must have "&" File Manager Access Code to add a patient to CHCS. The "&" File Manager Access Code is not required to update patient information.

Additions or updates to any data elements listed in section G (refer to item 1) for any beneficiary will trigger the generation of a Patient Add/Update Record.

2. Create a Patient Merge Record:

Menu Path: >CA >PAD >ROM >PMM >MPD >Select duplicate patient

Additions or updates to any data elements listed in section G (refer to item 2) for any beneficiary will trigger the generation of a Patient Merge Record.

B. OHI Data Records

To support OHI data requirements for the MCSC system, the system will create fixed length records when OHI data added or updated for patients and when Insurance Company data is added or updated in the Insurance Co file (#8064).

1. Create an OHI Add/Update Record:

Menu Paths: >CA >PAD >ROM >PII >Select Patient

Any user that holds the CPZ OHI security may enter OHI information for non-active duty beneficiaries from the (O)HI action option on the Demographics Display screen in MCP and trigger the creation of this record.

Any user that enrolls a beneficiary may also enter OHI information following the assignment of the PCM.

Additions or updates to any data elements listed in section G (refer to item 3) for any beneficiary will trigger the generation of a OHI Add/Update Record.

2. Create an Insurance Company Add/Update Record:

Menu Paths:
CA >MSA >IFM >EIC >Select INSURANCE COMPANY
CA >PAS >Managed Care >FMCP >ETAB >INS >Select INSURANCE COMPANY

Additions or updates to any data elements listed in section G (refer to item 4) will trigger the generation of an Insurance Company Add/Update Record.

C. Enrollment Data Record

To support enrollment data requirements for the MCSC system, when in DEERS Enrollment Mode, the system will create fixed length records upon receipt of an enrollment response from DEERS with a discrepancy code of 99 (Transaction complete) indicating that the new enrollment, enrollment update, or disenrollment has been validated by DEERS.

In Local Empanelment Mode, enrollment records for active duty and medicare eligible beneficiaries will be created upon receipt of an enrollment response from DEERS with a discrepancy code of 99 (Transaction complete) indicating that the new enrollment, enrollment update, or disenrollment has been validated by DEERS. Enrollment records for non-active duty beneficiaries will be created upon successful enrollment in CHCS without validation from DEERS (because no enrollment transactions are sent to DEERS).

1. Create an Enrollment Add/Update Record:

The function to generate an Enrollment Add/Update Record will be triggered by changes in data elements that may be defined or modified via several different options and processes on CHCS. These options and processes include:

* Enrollment Enter/Edit
Menu Path: >CA >PAS >MCP >EMCP >EENR > Select Patient

*   Any time in which the Enrollment, PCM, Family, Disenroll, Renew action options are used to change enrollment data from the Demographics Display screen in MCP. This includes individual and family enrollment/ disenrollment, renewing an enrollment, and changing a Primary Care Manager (PCM).

* Disenrollment
Menu Path: PAS >MCP >EMCP >DENR >Select Patient.This includes individual and family disenrollments.

* Reciprocal Disenrollment Processing
Menu Path: PAS >MCP >EMCP >RENR >Select Patient

* Conditional Enrollment Processing
Menu Path: PAS >MCP >EMCP >CENR >Select Patient

* Multiple Batch Renewal and Disenrollment Functions
Menu Path: PAS >MCP >EMCP >MENR > When patients have their enrollment renewed or are disenrolled via a batch job.

* PCM Reassignment
Anytime an enrollee is reassigned to a new PCM resulting in a Contractor PCM Location Code change. This action option appears immediately after an enrollment record is accessed. **Note: An enrollment record will be created for transfer to the MCSC system independent of any DEERS transactions if the Contractor PCM Location Code does not change when the PCM is changed**.

* Batch PCM Reassignment
Menu Path: PAS >MCP >BMCP > When PCMs are reassigned via a batch job resulting in a Contractor PCM Location Code Change. **Note: An enrollment record will be created for transfer to the MCSC system independent of any DEERS transactions if the Contractor PCM Location Code does not change when the PCM is changed.**

* Batch Enroll Active Duty
Menu Path: PAS >MCP >EMCP >BENR >UBER > When active duty beneficiaries are enrolled via batch job.

* Enroll in Managed Care? prompt
Menu Path: Following mini-registration via all pathways
Following mini-registration, users are prompted to enroll the patient in Managed Care when the patient is active

duty with no prior enrollment history on the local system.

* Family PCM Reassignment
Menu Path: PAS >MCP >BMCP >FPCM > When one or more family members are assigned to a new PCM.

* Changing Enrollment Mode
Changing the Enrollment Mode for a facility either from Local Empanelment to DEERS Enrollment mode or vice versa will cause all non-active duty enrollees to be disenrolled and will trigger a disenrollment transaction to DEERS.

* Enrollment Cancellation
Menu Path: PAS >MCP >EMCP >ECAN When an enrollment is cancelled.

* Disenrollment Cancellation
Menu Path: PAS >MCP >EMCP >DCAN When a disenrollment is cancelled.

Additions or updates to any data elements listed in section G (refer to item 5) via the above processes will trigger the generation of a new enrollment, update enrollment, or disenrollment transaction to DEERS. If an enrollment response with a discrepancy code of 99 (Transaction Complete) is received from DEERS, CHCS will create an Enrollment Add/Update Record.

D. MCP Referral Add/Update Data Record

CHCS will create fixed length records for batch transfer to support MCP Referral data requirements for the MCSC system when MCP Referral Add/update data is added or updated for patients.

   1. Create an MCP Referral Add/Update Record:

   Menu Path: PAS > Managed Care >HMCP >AHCF

   Additions or updates to any data elements listed in section G (refer to item 6) will trigger the generation of an MCP Referral Add/Update Record.

NOTE: Triggers for the MCP Referral Add/Update record do not include when a referral is deleted (only allowed in CHCS when there are no appointments linked to the Referral).

E. Provider Network Data Records

The Provider Network data transfer will consist of eight different records. When Provider Network data is added or updated, one of the following fixed length records will be created:

   * MCP Group Add/Update Record
   * MCP Provider Add/Update Record
   * MCP Place of Care Add/Update Record
   * MCP Group Agreement Add/Update Record
   * MCP Group Place of Care Add/Update Record
   * MCP Group Provider Add/Update Record
   * MCP Provider Agreement in a Group Add/Update Record
   * MCP Provider Place of Care in a Group Add/Update Record

   1. Create an MCP Group Add/Update Record:

   Menu Path: CA->PAS->Managed Care->FMCP>PTAB->GROUP->CA->PAS ->Managed Care->PMCP->GNET->Select group

   Additions or updates to any data elements listed in section G (refer to item 7) will trigger the generation of an MCP Group Add/Update Record. This record will be used to transmit information pertaining to a new or updated MCP Group.

   2. Create an MCP Provider Add/Update Record:

   Menu Path:
   CA->PAS->Managed Care->FMCP->PTAB->PROV->
   CA->PAS->Managed Care->PMCP->GNET->Select group->Select Provider
   CA >PAS >Managed Care >PMCP >INET >Select Provider

   Additions or updates to any data elements listed in section G (refer to item 8) will trigger the generation of an MCP Provider Add/Update Record. This record will be used to transmit information pertaining to a new or updated MCP Provider.

   3. Create an MCP Place of Care Add/Update Record:

   Menu Paths:

CA->PAS->Managed Care->FMCP->PTAB->PLAC->Select Place of Care
CA->PAS->Managed Care->PMCP->GNET->Select group->Inactivate-> (P)rovider Place of Care
CA->PAS->Managed Care->PMCP->GNET->Select Group->Modify data in group profile
CA->PAS->Managed Care->PMCP->GNET->Select Group->add or modify Place(s) of Care

Additions or updates to any data elements listed in section G (refer to item 9) will trigger the generation of an MCP Place of Care Add/Update Record. This record will be used to transmit information pertaining to a new or updated MCP Place of Care.

4. Create an MCP Group Agreement Add/Update Record:

Menu Path:

CA >PAS >Managed Care >PMCP >MNET >Select Criteria
CA >PAS >Managed Care >PMCP >GNET >Select group >Agreements

Additions or updates to any data elements listed in section G (refer to item 10) will trigger the generation of an MCP Group Agreement Add/Update Record. This record will be used to transmit information pertaining to a new or updated agreement for an MCP Group.

5. Create an MCP Group Place of Care Add/Update Record:

Menu Paths:

CA >PAS >Managed Care >PMCP >GNET >Select group >add or modify Place(s) of Care

CA >PAS >Managed Care >PMCP >GNET >Select group > Inactivate/ reactivate >Group Place of Care

Additions or updates to any data elements listed in section G (refer to item 11) will trigger the generation of an MCP Group Place of Care Add/Update Record. This record will be used to transmit information pertaining to new or updated MCP Place of Care associated with an MCP Group.

6. Create an MCP Group Provider Add/Update Record:

Menu Paths:

CA >PAS >Managed Care >PMCP >GNET >Select group >Select
Provider

CA >PAS >Managed Care >PMCP >INET >Select Provider
>Select Group >add the provider to a new group

CA >PAS >Managed Care >PMCP >INET >Select Provider
>Select Group >Inactivate provider

Additions or updates to any data elements listed in
section G (refer to item 12) will trigger the generation
of an MCP Group Provider Add/Update Record. This record
will be used to transmit information pertaining to new or
updated MCP Provider information associated with a
particular MCP Group.

7. Create an MCP Provider Agreement in a Group Add/Update
Record:

Menu Paths:

CA >PAS >Managed Care >PMCP >GNET >Select group >Select
Provider >Agreement exceptions

CA >PAS >Managed Care >PMCP >INET >Select Provider
>Select group >Agreement Exceptions

CA >PAS >Managed Care >PMCP >MNET >Select criteria

Additions or updates to any data elements listed in
section G (refer to item 13) will trigger the generation
of an MCP Provider Agreement in a Group Add/Update
Record. This record will be used to transmit information
pertaining to new or updated MCP Provider agreement
information associated with a particular MCP Group.

8. Create an MCP Provider Place of Care in a Group
Add/Update Record:

Menu Paths:

CA >PAS >Managed Care >PMCP >GNET >Select group >Select
Provider

CA >PAS >Managed Care >PMCP >GNET >Select group
>Inactivate/reactivate >Provider Place of Care

CA >PAS >Managed Care >PMCP >INET >Select Provider >Select group >add the provider to a new group >transfer the place of care from selected group

CA >PAS >Managed Care >PMCP >INET >Select Provider >Select group >edit profile

CA >PAS >Managed Care >PMCP >INET >Select Provider >Select group >Place of Care inactivate/reactivate

Additions or updates to any data elements listed in section G (refer to item 14) will trigger the generation of an MCP Provider Place of Care in a Group Add/Update Record. This record will be used to transmit information pertaining to a new or updated Provider Place of Care information associated with a particular MCP Group.

F. Appointment Data Records

To support the appointment data requirements for the MCSC system an Appointment Add/Update/Cancel record will be created when a new appointment is booked, updated, or cancelled. The record will be created for appointments generated via MCP or PAS functionality for all beneficiary types.

1. Create an Appointment Add/Update/Cancel Record:

Menu Paths to book new appointments:

CA >PAS >Managed Care >HMCP > AHCF (Appt Referral Booking)

CA >PAS >Managed Care >HMCP > PHCF (PCM Booking)

CA >PAS >Managed Care >HMCP > NHCF (Non-Enrolled Booking)

CA >PAS >Clerk > AOP (Appointment Order Processing)

CA >PAS >Clerk > BOK (Book Appointments)

CA >PAS >Clerk > USV (Unscheduled Visits)

CA >PAS >Emergency Room > NER (New ER Patient)

Menu Paths to update appointments:

CA >PAS >Managed Care >HMCP > AHCF (Appt Referral Booking)

CA >PAS >Managed Care >HMCP > PHCF (PCM Booking)

CA >PAS >Managed Care >HMCP > NHCF (Non-Enrolled Booking)

CA >PAS >Clerk > EOD (End-of-Day Processing)

CA >PAS >Clerk >IPC (Individual Patient Check-In)

CA >PAS >Clerk >MCD (Multiple Check-In By Default)

CA >PAS >Clerk > SDP (Single Patient Diagnoses/Procedures Enter/Edit)

CA >PAS >Emergency Room >PER (Problem, Procedure and Diagnosis)

CA >PAS >Emergency Room >CER (Check-Out Instructions)

CA >PAS >Emergency Room >DER (Disposition Processing)

CA >PAS >Emergency Room >FER (Full ER Encounter)

Menu Paths to cancel appointments:

CA >PAS >Scheduling Supervisor >SCHE >MSCH >CMSC (Cancellation by Facility)

CA >PAS >Clerk >CBP (Cancellation by Patient)

CA >PAS >Clerk >EOD (End of Day Processing)

MCP Cancellation??

Additions or updates to any data elements listed in section G (refer to item 14) will trigger the generation of an Appointment Add/Update/Cancel Record.

G. Elements Triggering Update

The following data elements, when added/updated will trigger the creation of a fixed length record for transfer to the MCSC system.

_____

Description of Input	File Name	File #

_____

1. Elements that will trigger creation of Patient Add/Update Record when added/updated:

Name	PATIENT	2
Sex	PATIENT	2
DOB	PATIENT	2
Marital status	PATIENT	2
Race	PATIENT	2
SSN	PATIENT	2
Street address	PATIENT	2
Street address 2	PATIENT	2
Street address 3	PATIENT	2
City	PATIENT	2
State	PATIENT	2
Zip code	PATIENT	2
Phone	PATIENT	2
Patient SSN	PATIENT	2
Next of kin	PATIENT	2
NOK relationship	PATIENT	2
NOK Street address	PATIENT	2
NOK Street address 2	PATIENT	2
NOK Street address 3	PATIENT	2
NOK City	PATIENT	2
NOK State	PATIENT	2
NOK Zip	PATIENT	2
NOK Phone	PATIENT	2
FMP	PATIENT	2
Patient Category	PATIENT	2
Lab Referral location	PATIENT	2

2. Elements that will trigger creation of Patient Merge Record when added/updated:

Correct patient	PATIENT	2
Merge date/time	PATIENT	2

3. Elements that will trigger creation of OHI Add/Update Record when added/updated:

Policy Number	POLICY	8086
Insured Name	POLICY	8086
Insured FMP	POLICY	8086
Insured SSN	POLICY	8086

Insured Address	POLICY	8086
Insured Zip	POLICY	8086
Insured City	POLICY	8086
Insured State/Country	POLICY	8086
Insured Phone	POLICY	8086
Relational Primary	POLICY	8086
Relational Relationship	POLICY	8086
Policy Type	POLICY	8086
Insurance company	POLICY	8086
Policy effective date	POLICY	8086
Policy expiration date	POLICY	8086
Group number	POLICY	8086
Group name	POLICY	8086
Employer name	POLICY	8086
Employer phone	POLICY	8086
Employer address	POLICY	8086
Employer city	POLICY	8086
Employer st/cntry	POLICY	8086
Employer zip	POLICY	8086
Billing status	POLICY	8086
Precert flag	POLICY	8086
Precert text	POLICY	8086
Precert code	POLICY	8086

4. Elements that will trigger creation of Insurance Company Add/Update Record when added/updated:

Insurance Co Name	INSURANCE CO NAME	8064
Short Name	INSURANCE CO NAME	8064
Inactive Date	INSURANCE CO NAME	8064

5. Elements that will trigger an Enrollment Transaction to DEERS when added/updated:

NOTE: When in DEERS Enrollment Mode, the Enrollment Add/Update Record will be created for transfer to the MCSC system when an enrollment response is received from DEERS with with a discrepancy code of 99 (Transaction Complete).

Enrollment Date	MCP PATIENT FILE	8552.05
Enrollment End Date	MCP PATIENT FILE	8552.05
Patient Type	MCP PATIENT FILE	8552.05
ACV	MCP PATIENT FILE	8552.05
Division	MCP PATIENT FILE	8552.05
Contractor PCM Location Code	MCP PATIENT FILE	8552.05

NOTE: When in DEERS Enrollment Mode and a PCM is changed that does not result in a Contractor PCM Location Code change, the system

will trigger the creation of an enrollment record for transfer to
the MCSC system independent of any DEERS transactions.

```
 PCM                            MCP PATIENT FILE        8552.05
```

6. Elements that will trigger creation of MCP Referral Add/Update
Record when added/updated:

```
 Referral number               MCP REFERRAL            8554
 Patient                       MCP REFERRAL            8554
 Referral date/time            MCP REFERRAL            8554
 Requested start time          MCP REFERRAL            8554
 Requested stop time           MCP REFERRAL            8554
 Specialty                     MCP REFERRAL            8554
 Number of visits              MCP REFERRAL            8554
 Days of week                  MCP REFERRAL            8554
 Specialty location            MCP REFERRAL            8554
 Gender preference             MCP REFERRAL            8554
 Treatment start date          MCP REFERRAL            8554
 Treatment stop date           MCP REFERRAL            8554
 Priority                      MCP REFERRAL            8554
 Referred by                   MCP REFERRAL            8554
 Related to                    MCP REFERRAL            8554
 Reason for referral           MCP REFERRAL            8554
 Provisional diagnosis         MCP REFERRAL            8554
 Free text diagnosis           MCP REFERRAL            8554
 Referral procedure            MCP REFERRAL            8554
```

7. Elements that will trigger creation of MCP Group Add/Update
Record when added/updated:

```
 Name                          MCP PROVIDER GROUP      8550
 Group Locations               MCP PROVIDER GROUP      8550
 Payment Street Address        MCP PROVIDER GROUP      8550
 Payment City                  MCP PROVIDER GROUP      8550
 Payment State                 MCP PROVIDER GROUP      8550
 Payment Zip                   MCP PROVIDER GROUP      8550
 Contact Name                  MCP PROVIDER GROUP      8550
 Phone                         MCP PROVIDER GROUP      8550
 GRP Provider Type             MCP PROVIDER GROUP      8550
 CHAMPUS Number                MCP PROVIDER GROUP      8550
 Tax ID                        MCP PROVIDER GROUP      8550
 Short Group ID                MCP PROVIDER GROUP      8550
 Group Provider                MCP PROVIDER GROUP      8550
```

8. Elements that will trigger creation of MCP Provider Add/Update
Record when added/updated:

```
MCP Provider Name           MCP PROVIDER          8551
Prof Category               MCP PROVIDER          8551
CHAMPUS Number              MCP PROVIDER          8551
MCP Inactivation Date       MCP PROVIDER          8551
Termination Reason          MCP PROVIDER          8551.01
```

NOTE: An MCP Provider Record will also be triggered if the primary
location for a Provider is changed and the location type of the new
primary location is different so that the provider has changed from
an 'MTF Provider' to a "Non-MTF Provider' or vice versa.

9. Elements that will trigger creation of MCP Place of Care
Add/Update Record when added/updated:

```
Location Name               MCP PLACE OF CARE     8553
DMIS ID                     MCP PLACE OF CARE     8553
Type Of Facility            MCP PLACE OF CARE     8553
Service                     MCP PLACE OF CARE     8553
POC Inactivation Date       MCP PLACE OF CARE     8553
POC Reactivation Date       MCP PLACE OF CARE     8553
POC Inactivation Reason     MCP PLACE OF CARE     8553.03
```

10. Elements that will trigger creation of MCP Group Agreement
Add/Update Record when added/updated:

```
Agreement Type              MCP PROVIDER GROUP    8550.04
Start Date                  MCP PROVIDER GROUP    8550.04
Stop Date                   MCP PROVIDER GROUP    8550.04
Fee Base                    MCP PROVIDER GROUP    8550.04
Overall Discount Percent    MCP PROVIDER GROUP    8550.04
PCM                         MCP PROVIDER GROUP    8550.04
Max PCM Patients            MCP PROVIDER GROUP    8550.04
Min PCM Age                 MCP PROVIDER GROUP    8550.04
Max PCM Age                 MCP PROVIDER GROUP    8550.04
Assignment Limits           MCP PROVIDER GROUP    8550.2
Assignment Comments         MCP PROVIDER GROUP    8550.21
Beneficiary Categories      MCP PROVIDER GROUP    8550.28
```

11. Elements that will trigger creation of MCP Group Place of Care
Add/Update Record when added/updated:

```
Place Of Care               MCP PROVIDER GROUP    8550.01
POC Inactivation Date       MCP PROVIDER GROUP    8550.01
POC Reactivation Date       MCP PROVIDER GROUP    8550.01
POC Inactivation Reason     MCP PROVIDER GROUP    8550.09
```

12. Elements that will trigger creation of MCP Group Provider Add/Update Record when added/updated:

Provider	MCP PROVIDER GROUP	8550.03
Inactivation Date	MCP PROVIDER GROUP	8550.03
Provider Type	MCP PROVIDER GROUP	8550.03
Tax ID	MCP PROVIDER GROUP	8550.03
Inactivation Reason	MCP PROVIDER GROUP	8550.22

13. Elements that will trigger creation of MCP Provider Agreement in a Group Add/Update Record when added/updated:

Ind Agreement Type	MCP PROVIDER GROUP	8550.12
Ind Stop Date	MCP PROVIDER GROUP	8550.15
Participation Status	MCP PROVIDER GROUP	8550.15
Except Start Date	MCP PROVIDER GROUP	8550.15
PCM	MCP PROVIDER GROUP	8550.15
Max PCM Patients	MCP PROVIDER GROUP	8550.15
Min PCM Age	MCP PROVIDER GROUP	8550.15
Max PCM Age	MCP PROVIDER GROUP	8550.15
Ind Assignment Limits	MCP PROVIDER GROUP	8550.26
Ind Assignment Comments	MCP PROVIDER GROUP	8550.27
Ind Beneficiary Categories	MCP PROVIDER GROUP	8550.29

14. Elements that will trigger creation of MCP Provider Place of Care for a Group Add/Update Record when added/updated:

Place Of Care	MCP PROVIDER GROUP	8550.11
POC Inactivation Date	MCP PROVIDER GROUP	8550.11
POC Reactivation Date	MCP PROVIDER GROUP	8550.11
POC Inactivation Reason	MCP PROVIDER GROUP	8550.24

15. Elements that will trigger creation of Appointment Add/Update/Cancel File when added/updated:

Appointment Date/Time	PATIENT APPOINTMENT	44.2
Clinic	PATIENT APPOINTMENT	44.2
Provider	PATIENT APPOINTMENT	44.2
Appointment Type	PATIENT APPOINTMENT	44.2
Appointment Status	PATIENT APPOINTMENT	44.2
MEPRS Code	PATIENT APPOINTMENT	44.2
Referred by	PATIENT APPOINTMENT	44.2
Reason for Appointment	PATIENT APPOINTMENT	44.2
Requesting Service	PATIENT APPOINTMENT	44.2
Date Appointment Made	PATIENT APPOINTMENT	44.2
Duration	PATIENT APPOINTMENT	44.2
Diagnosis	PATIENT APPOINTMENT	44.23
Description	PATIENT APPOINTMENT	44.23

Identifier Text   PATIENT APPOINTMENT   44.23
Procedure   PATIENT APPOINTMENT   44.24

3.1.2.6 SYSTEM IMPACTS

This assessment includes consideration of potential risk areas associated with the MSCS II project. It will address performance and security issues as well as identification of down stream development and implementation issues and risk areas.

A. Disk Space Utilization

A new parameters file will be developed. It will contain three new fields which will be static, reference only fields. This will have an insignificant impact on disk space.

This project employs a temporary queue file to hold data until the current user event is completed, at which time the data is processed and formatted as a background job. The data is then sent to one of fifteen ASCII file types (add/update transactions; patient data, patient merge, OHI data, insurance company, enrollment, MCP referral, MCP Group, MCP Provider, MCP Place of Care, MCP Group Agreement, MCP Provider Agreement, MCP Provider Place of Care for a Group, and appointment). The ASCII files will be transmitted to the MCSC system using FTP.

An assessment of disk space utilization will be performed before Alpha installation.

B. Archive and Purge

No data is archived or purged as a result of this project.

C. Performance Considerations

It is anticipated that the processing done to create the queue file and the background process to create the ASCII files will be minimal. Processing and memory requirements will need to be evaluated on a site by site basis.

An assessment of CPU and memory utilization will be performed before Alpha installation.

D. Local Symbol Table

No increase in local symbol table size is anticipated.

E. Network Impact

It is anticipated that file transfers using ETU will be accomplished during non-peak hours; however, the capability to transmit up to once every hour exists. A preliminary assessment of this project estimates a minimal impact to the network. However, if a site intends to transmit the files during peak hours, the network should be monitored for a period of time to determine the actual impact to the site.

An assessment of network impact will be performed before Alpha installation.

F.   Security Considerations

The interface between CHCS and the MCSC System is used to send and receive Sensitive but Unclassified information such as patient social security numbers, appointment data, diagnoses and procedures. The data from the interface is subject to the provisions of the Privacy Act of 1974 and DoD Privacy Program, Department of Defense 5400.11-R. Additionaly, MCSC system data falls within the content of the Exemption Number 6 of the Department of Defense Freedom of Information Act (FOIA) Program, DoD 5400.7-R. Both the DoD Privacy and FOIA programs mandate adequate data protection.

Unauthorized creation, disclosure, modification, or destruction of this data could cause potential harm to patient health and privacy. Military Health Services System (MHSS) security policy requires that patient-sensitive data be transmitted only over dedicated lines or in encrypted format. CHCS encrypts outgoing files using the Data Encryption Standard (DES) algorithm when a file encryption key has been defined on CHCS for a specified file type.

To support MHSS policy requiring that patient sensitive data either be transmitted via dedicated line or is encrypted, DES standard encrypting capability will be added to the ETU. This functionality will be documented in the ETU design and deployed with the MCSC II project. Please refer to Electronic Transfer Utility (ETU) PR&DD (Project Number 090810) for the updated ETU design with encrypting capability.

G. User Perceived Impact

No negative user impacts are anticipated.

H. Conversions

One conversion will be required to identify the 'Host ID' in support of this project. The conversion will run as part of the install and the impact is negligible.

I. Site Parameters

There are no changes to site parameters.

K. Implementation Considerations

1. ETU parameters must be defined for MCSC record transmission.
2. MCSC Interface parameters must be set to 'Active'.
3. For the National Capital Area which is expected to have CRSP, the local CHCS sites must have the MCP parameter set to 'Inactive', and the Regional system's MCP parameter set to 'Active'.

L. Inputs

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Description of Input	File Name	File #
Active	MCP FORMAT SPECIFICATION	8587
Active	MCSC INTERFACE PARAMETERS	8588

M. Functional Dependencies

1. The CHCS/DEERS Interface must be operational.

2. The ETU must be operational and the MCSC batch file transfer parameters defined.

3. The MCSC Interface must be active and desired record files specified for creation (refer to Section 3.1).

4. MCP File/Table must be reviewed and complete.

5. All DMIS ID Realignment activities must be complete.

6. All CPs and SSs to date must be installed.

3.1.3 FILE AND TABLE CHANGES

A. Activate the MCSC Interface via the menu option MCSP if the site and the Tricare Contractor decide.

B. Initialize the MCSC Interface system if the site and Tricare contractor hace agreed on the procedure.

C. Activating and Initializing the MCSC Interface should only be done if the Tricare Contractor and the MTF have agreed on the procedures and files that will be transmitted.

3.1.4 IMPLEMENTATION ISSUES

A. Patient Add/Update, Merge Patient, Enrollment Add/ Update, MCP Referral Add/Update, and Appointment Add/Update/ Cancel Records will be created for all patients (including Active Duty, CHAMPUS Eligible, and Medicare Eligible beneficiaries).

B. Appointment Add/Update/Cancel File will be created and transferred to the MCSC system for appointments booked via MCP or PAS functionality.

C. The capability to record OHI information for Active Duty beneficiaries is not supported in CHCS; therefore, the OHI Add/ Update records apply only to non-active duty beneficiaries.

D. When in **DEERS Enrollment Mode**, enrollment records will be created upon receipt of an enrollment response from DEERS with a discrepancy code of 99 (Transaction complete) indicating that the new enrollment, enrollment update, enrollment cancellation, or a disenrollment has been validated by DEERS.

When in **Local Empanelment Mode**, enrollment records for active duty and medicare eligible beneficiaries will be created upon receipt of an enrollment response from DEERS with a discrepancy code of 99 (Transaction complete) indicating that the new enrollment, enrollment update, or disenrollment has been validated by DEERS. Enrollment records for non-active duty beneficiaries will be created upon successful enrollment in CHCS without validation from DEERS (because no enrollment transactions are sent to DEERS).

E. When an enrollment is 'renewed', the enrollment end date is extended; however, an enrollment update transaction is not sent to DEERS, therefore an enrollment response is never received by CHCS. **When an enrollment is renewed in CHCS, the**

system will create an enrollment record for transfer to the MCSC system independent of any DEERS transactions.

F. When in DEERS Enrollment Mode and an enrollee PCM is changed, an enrollment update transaction is only sent to DEERS if the PCM change results in a change to the Contractor PCM Location Code from '00 (Direct Care PCM)' to '01 (Contractor PCM)' or vice versa. When an enrollee PCM is changed in CHCS that does not result in a change to the Contractor PCM Location Code, the system will create an enrollment record for transfer to the MCSC system independent of any DEERS transactions.

G. The End Enrollment Date can be defined as 'INDEFINITE' on CHCS for Active Duty enrollees. **When an Enrollment Add/Update Record is created for batch transfer to the MCSC system, this value will be translated to 1 Jan 2100.**

H. CHCS will determine whether the MCP provider is either a 'MTF' or 'Non-MTF' provider based on the location type of the provider's Primary Location (as defined in the Provider File, #6).   If the Provider's primary location is defined as anything other than MCP NON-MTF then the provider will be considered a 'Direct Care Provider'. If the location type of the provider's primary location is MCP NON-MTF then the provider will be considered a 'Non-MTF' provider and part of the external network. This will be indicated in the 'MTF Provider' data element in the MCP Provider Add/Update Record with a 'Y' for MTF Provider or an 'N' for Non-MTF provider.

I. The records created for batch file transfer will be in ASCII file format and will have fixed length fields. The 'pad' character will be the 'space' character (ASCII code 32). Text fields will be left-justified, numeric fields will be right justified.

J. The MCP Provider Agreement in a Group Add/Update Record will only be triggered when an agreement exception for an individual PCM is entered for a provider e.g. when a particular provider is a non-participant or period of agreement is different than the agreement for the entire group.

K. New Files:

File Name	File #
MCP FORMAT SPECIFICATION	8587
MCSC INTERFACE PARAMETERS	8588

L. Functional Dependencies

1. Please refer to section 3.1.2.6 SYSTEM IMPACTS

M. Users

1. All Managed Care users will continue using the CHCS MCP module as they did previously.

2. The site system administrator will be responsible for defining the parameters for the ETU to retrieve and transfer the files to the MCSC system.

3. The MCSC system users will be 'extended' users of CHCS by utilizing data transferred from CHCS to their system.

4. Authorized users may activate or inactivate the MCSC ASCII File Interface.

5. Authorized users may designate one or more of the following functional areas for which data records will be generated by the system.

     (a) Patient Data
     (b) Other Health Insurance Data
     (c) Enrollment Data
     (d) MCP Referral Data
     (e) Provider Network Data
     (f) Health Care Finder Appointment Data

6. The system administrator may specify when the MCSC MCSC batch file transfer will occur using the Electronic Transfer Utility (ETU).

N. Fileman Information

When the user initializes the record creation, the system will reference entries in the File file (i.e. the system will look in the File file to find the DEERS Sponsor Status file, DMIS ID Code file, etc.)

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Description of Input	File Name	File #

| File Name | FILE | 1 |

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